

BULLETIN



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Bulletin of The Mahoning County Medical Society

Mar./Apr. 1993

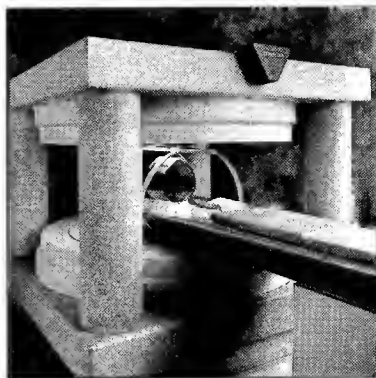
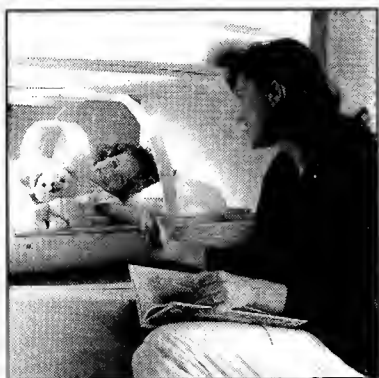


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Mahoning County Medical Society

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SOCIETY MEETINGS

January 19, 1993

March 26, 1993

May 18, 1993

September 21, 1993

November 16, 1993

December 21, 1993

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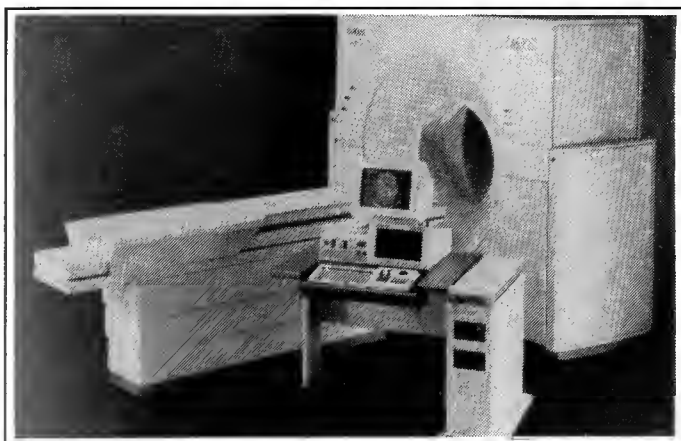
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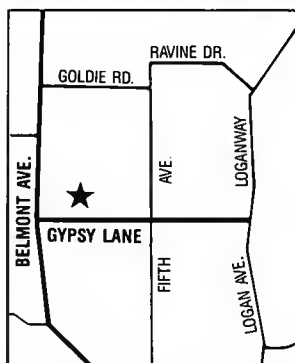
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An Unexpected Opportunity

Recently several of our colleagues have been the focus (victims if you like) of sensationalistic reporting in the local media. Rest assured, the Council has been gravely concerned about this recent proliferation of inaccurate reporting. This inaccurate news reporting is particularly frustrating given the recent spirit of cooperation the Young Physicians committee and WYTV have enjoyed with the Health Matters Liveline broadcast. These recent, negative articles and videos have been poorly researched and presented in such a way as to deliberately cast a negative light upon certain physicians in the community. The Council has recently met with Carol Mullinax from OSMA to advise us how to best respond (as a society) to this recent blitzkrieg. However, it occurs to me that this may be a battle best fought in the office rather than in the media.

JM is a 79-year-old man who has had insulin dependent diabetes for many years. Over the past year, Mr. M has deteriorated with respect to his overall clinical status on many fronts, but he has been particularly plagued by diabetic gastroparesis. His last gastroscopy in October, 1992, revealed a gastric mucosa that was reminiscent of fresh hamburger. High doses of metoclopramide (Reglan) and ranitidine (Zantac) have been able to largely control his symptoms. However, given the advanced nature of his diabetes, he has endured numerous other problems.

Not surprisingly, Mr. and Mrs. M were concerned when they came to the office last week with a newspaper clipping trumpeting "Reglan and Zantac Cause Depression." Isn't it strange that a relationship built upon a personal, firsthand basis over the past six years was undermined by a simple newspaper article? At first, I was annoyed that my treatment plan would be called into doubt by something this absurd. The thrust of the article was that a man on these medications had committed suicide. The pharmacist/columnist began his response by expressing condolences - which in fact seemed to confirm the writer's sup-

position that the medication had led her husband to commit suicide. After reflecting a moment though, I realized an opportunity existed.

Leaving the issue of the article aside, Mr. and Mrs. M have been confronted with general information that they do not know how to interpret in the light of Mr. M's specific situation. It turns out, the only person who can resolve this dilemma is their personal physician. (Suddenly, I felt a whole lot better about the whole thing - talk about job security.) I emphasized to Mr. and Mrs. M how Mr. M has benefited from the use of these medications and that I really didn't perceive that he was suffering in any way because of the use of these chemicals. Furthermore, I explored with them that his options were rather limited in a situation such as this.

The upshot of this whole discussion is that Mr. and Mrs. M were frightened by a newspaper article that (hopefully) was designed to provide information rather than frighten people. Americans have become obsessed with health related matters, and while such articles and television programs may help to satisfy this appetite, I believe they raise as many questions as they answer. I would encourage you, my colleagues, to use these opportunities to be good spokespersons for the profession of medicine - word of mouth remains the most effective form of advertising. □

By L. Kevin Nash, MD

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Sharps Disposal Options for Your Patients

Last year I devoted several articles in the *Bulletin* to the new laws governing infectious waste disposal. These laws have been quite effective in encouraging large and small quantity infectious waste generators to segregate and safely dispose of this form of waste. However, an unintended consequence of these new laws has been to limit disposal options for persons such as insulin-dependent diabetics who may generate a considerable volume of infectious waste in their homes. Municipal waste haulers are reluctant to pick up curbside refuse that contains infectious waste because of their legitimate concern about the risk of employee exposure and the reluctance of local landfills to accept even legally acceptable amounts of this waste.

After several well-publicized reports of sharps being deposited in community recycling containers and numerous inquiries to our offices, the Mahoning County Health Department and Waste Management, Inc., concluded an agreement to establish a pilot program for the free collection and disposal of needles, syringes and other contaminated sharps generated in the course of home self-medication. We believe that this cooperative venture will greatly reduce the amount of infectious waste being transported to our landfills and prevent unnecessary exposure for the waste haulers who must handle this waste.

Persons interested in the program must register with the Health Department. The Health Department does not ask participants about their illnesses or treatment, nor does it inspect sealed sharps containers. Disposal logs are kept confidential. Registered participants receive a list of monthly drop-off sites as well as instruc-

tions on how to properly package their home waste for disposal. Since the program began in February, 15 to 20 pounds of sharps have been collected each month.

Continuation of this program depends on public demand and the continued willingness of Waste Management to offer infectious waste transport and treatment as a community service. We believe that the permanent solution to the problem of home infectious waste disposal depends on physicians' willingness to accept their patients' home waste for disposal in their office-generated infectious waste stream. Such a service to patients is permissible under current laws.

Physicians interested in offering this service to their patients or who would prefer to refer patients to the Health Department program may contact Richard Setty, Solid Waste Program, Mahoning County Health Department, at 788-0428.

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Q. When is The Greenbriar scheduled to open?

A. With the cooperation of the weather, the projected opening date of The Greenbriar is scheduled for the fall of 1992.

Q. Where is The Greenbriar located?

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Q. How can I be assured of quality care at The Greenbriar?

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Dr. Roy Miller Describes Rural Practice Among the Amish

Note: Roy Miller, M.D., is an instructor in family medicine for the Northeastern Ohio Universities College of Medicine (NEOUCOM) in Rootstown, Ohio. Dr. Miller enjoys telling medical students of his experiences caring for members of the world's largest Amish community. The following article contains some of his thoughts.

While rural communities throughout the United States are going to great lengths trying to recruit physicians, Holmes County in northeast Ohio is currently well supplied with physicians.

"This is a community where doctors say, 'We all need each other. We help one another develop into competent practitioners,'" states Roy Miller, M.D., adding, "There's plenty of work to go around."

That supportive environment is not the only unique aspect of health care in Holmes County, home to the largest population of Amish and Mennonites in the world.

Cultural norms and religious beliefs of the Amish necessitate differences in the provision of health care, according to Miller, one of 12 physicians in the county. These practitioners include two internists, two surgeons, one pediatrician, one obstetrician and six family physicians.

Miller has one office in Millersburg and another office in Mt. Hope in the rural northeast portion of the county. Although the two offices are only eight miles apart, the rural office provides easier access to the Amish whose common form of transportation is a family horse and buggy.

In fact, Miller performs a lot of procedures in his office including minor surgery, ultrasound, and care of fractures. He also operates a full pharmacy out of his Mt. Hope office as an added convenience to his patients, 50 percent of whom are Amish.

And Miller still practices the almost completely lost form of patient care: house calls.

"In rural medicine, you really need wheels to get to the people when they can't get to you," Miller said, adding that he usually does not charge for house calls.

"Because I don't charge, I decide if and when house calls need to be done."

Because the Amish do not believe in birth control, much of Miller's care is in obstetrics and gynecology; he delivers approximately 150 babies per year. The average Amish family has seven children. Miller said family physicians in rural communities must therefore be proficient in performing Caesarian sections and must be prepared to handle complications of child birth.

Miller lives only three miles from the county hospital, stating, "It's really important that I can get to the hospital quickly."

Another unique characteristic of health care for the Amish is the almost complete absence of AIDS and other sexually-transmitted diseases. In addition, the Amish care for their own parents and grandparents, who usually live in adjacent homes on the family farm.

"The Amish are not dependent on a lot of social services," Miller said. "The whole structure of things that go along with a fragmented family system isn't necessary because of the social arrangement of the Amish."

For this reason, the Amish usually pay cash for their health care services and are not reliant upon welfare, Medicare or Medicaid. The Amish desire to be self-sufficient and help each other in times of need.

And while many of Miller's patients are very trusting of physicians, he said herb and folk medicine are also commonly practiced throughout the county.

"There are many cultural conflicts,"



Roy Miller, MD

Miller said, referring to the Amish way of life as compared to modern society. Amish homes do not use electricity and do not have telephones. Children are taught in one-room school houses and attend school only through the eighth grade. Church services take place every other Sunday in congregation members' homes or barns.

Miller respects and can relate to the Amish because his family had been Amish until he was 12 years old. "This is a real asset to me in the community."

Miller has to balance his respect for the Amish value system with his medical knowledge and expertise. He takes pride in his ability to integrate both in his life.

"It is interesting how the two cultures (modern medicine and the Amish) interface," he said. "Sometimes they clash, and sometimes they complement." □

*By Debbie Solan
Public Relations Writer*

The following applications for membership were approved by Council:

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**Sarita S. Nath, MD
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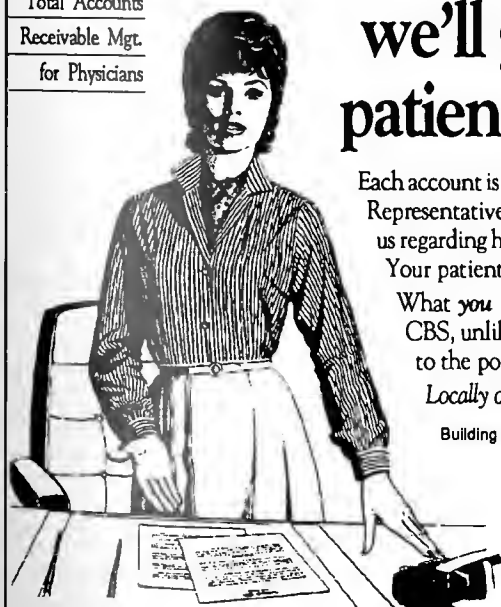
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Focus on Prescribing

Since 1896, Ohio's General Assembly has judged that the practice of medicine is a privilege which, if practiced by untrained, unscrupulous, or incompetent persons, is so potentially dangerous to the public that it requires comprehensive regulation. The State Medical Board of Ohio is the state agency charged with the responsibility for regulating the practice of MDs, DOs, DPMs, PAs and limited branch practitioners in this state. The Medical Board is composed of 12 members -- seven MDs, one DO, one DPM, and three consumer representatives -- appointed by the governor for five-year terms of service.

The mission of the Medical Board includes the following key elements:

- 1) To set and define standards to draw the line between safe and dangerous medical practice
- 2) To ensure that those licensed have sufficient training and ability to enable them to practice according to acceptable standards
- 3) To maintain surveillance to identify those licensees who practice below standards or without the necessary qualifications
- 4) To take action to stop substandard practice, or practice by those without qualifications
- 5) To ensure others know how the Medical Board can protect the public from substandard medical care, and how substandard or unqualified medical care can be reported to the board

All physicians practicing in Ohio must be licensed by the Medical Board. Following licensure, doctors are bound to comply with the state statutes and rules which regulate the practice of medicine and surgery. Such statutes are included in Chapters 4730. and 4731., Ohio Revised Code. The rules are found in chapter 4730 and Chapter 4731, Ohio Administrative Code.

The statutes provide a framework to define standards of practice that, if violated, may be grounds for disciplinary action by the Medical Board. The drug-related grounds for discipline include:

Section 4731.22 (B) (2), O.R.C.

Failure to use reasonable care discrimination in the administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease;

Some often seen examples of violations of this statute include: Prescribing controlled substances without medical indication, excessive prescribing and prescribing to addicts.

Section 4731.22 (B) (3), O.R.C.

Selling, prescribing, giving away or administering drugs for other than legal and legitimate therapeutic purposes, or a plea of guilty to, or a judicial finding of guilt of, a violation of any federal or state law regulating the possession, distribution or use of any drugs;

Section 4731.22 (B) (6), O.R.C.

A departure from, or a failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established;

In addition to the statutes, the Medical Board adopted administrative rules regarding the use of controlled substances in 1986 in response to problems of widespread over utilization and inappropriate use of controlled substances. The rules have the force and effect of law.

Key provisions of the rules include:



Anand G. Garg, MD

- **Rule 4731-11-02 (C), O.A.C.**

A physician shall not utilize a controlled substance without taking into account the drug's potential for abuse, the possibility the patient will obtain the drug for a non-therapeutic use or to distribute to others, and the possibility of an illicit market for the drug.

- **Rule 4731-11-02 (D), O.A.C.**

A physician shall complete and maintain accurate medical records reflecting examination, evaluation, and treatment of all patients. Patient medical records shall accurately reflect the utilization of any controlled substance in treatment and shall indicate the diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based.

The consequences of not adhering to the controlled substances rules may be formal disciplinary action by the Medical Board as specified in Rule 4731-11-02 (F), O.A.C. In far too many cases, practitioners have found themselves before the board for failing to regularly re-evaluate the patient, failing to assess a medication's potential for addiction and failing to maintain adequate records to justify prescribing decisions.

Included with this article is a report describing the drug-related disciplinary actions taken by the Medical Board in 1992. The report illustrates the basis for the disciplinary action as well as the disciplinary sanction imposed by the board. As you can see, the penalties range from a reprimand to permanent revocation of a physician's license. A list of the drugs which were misused in these cases is also provided for your information.

Since March 1991, the Medical Board has had the statutory authority to immediately suspend the license of a physician who has plead guilty to, or been found guilty of, certain felony drug abuse offenses. These physicians are issued a pre-hearing

suspension by the Medical Board, which immediately prohibits the doctor from practicing medicine. The suspension remains in effect throughout the hearing process and up to the time the board's disciplinary action goes into effect. At the same time the pre-hearing suspension is issued, the doctor is provided a "notice of opportunity for a hearing" which indicates that the doctor has the right to request an administrative hearing regarding the suspension. Case #1 and Case #2 on the report from the Medical Board are examples of pre-hearing suspensions.

One of the Medical Board's committees, the prescribing committee, is responsible for discussing drug-related issues and proposing policy for consideration by the board. One such topic dealt with by the committee was that of prescribing controlled substances to oneself or family members. The committee proposed a position paper regarding Self and Family Prescribing of Controlled Substances which was adopted by the board in March, 1992. The position paper is not legally binding, but is intended as an advisory to all licensees. It urges practitioners to refrain from prescribing or administering controlled substance to family members except in emergency situations, and then only until arrangements can be made to obtain further treatment from another physician. This position is based on the view that a legitimate physician/patient relationship complete with documented diagnoses and evaluations must exist before such potentially dangerous medications are utilized. At the same time, the position paper recognizes that personal or emotional involvement in such circumstances may make detached professional judgment difficult.

Although this position does not have the force and effect of law, it should always be remembered that, above and beyond the board's ability to pursue violations in a given situation, law enforcement officials may, and often do, seek criminal prosecution.

Since it behooves each of us to familiarize ourselves with, and adhere to, the statutes and rules regarding controlled sub-

stances, I'd like to reiterate the key provisions of the rules:

- Take into account the drug's potential for abuse.
- Consider the possibility the drug may lead to dependence.
- Consider the possibility the patient may distribute the drugs to others.
- Be aware of the possibility for an illicit market for the drug.
- Keep complete and accurate medical records which reflect the examination, evaluation and treatment of the patient as well as the diagnosis and purpose for which

the controlled substance is used.

- Do not use Schedule II drugs except as provided in Rule 4731-11-03, O.A.C.
- Do not use a Schedule II controlled stimulant for weight reduction or weight control.
- Follow provisions of Rule 4731-11-04, O.A.C., when considering prescribing Schedule III or IV controlled substances for weight reduction, and
- Know that the use of drugs to enhance athletic ability is prohibited.

Anand Garg, MD

Joan Wehrle, Public Inquiries Officer

STATE MEDICAL BOARD OF OHIO

A review of the drug-related formal disciplinary actions taken by the State Medical Board of Ohio during 1992 indicated that the controlled substances listed below were misused:

Adipex-P	Oxycodone
Amitriptyline	Pamelor
Ativan	Percocet
Dalmane	Placidyl
Darvocet-N	Restoril
Demerol	Talwin
Dilaudid	Tranxene
Fastin	Tussionex
Halcion	Tylenol #3
Hycodan	Tylox
Ionamin	Valium
Limbitrol	Vicodin
Lomotil	Xanax

Synopsis of 1992 Formal Disciplinary Actions relating to prescribing:

In 1992, the State Medical Board of Ohio took 100 formal disciplinary actions against physicians licensed by the board.

twenty-two of the actions were based either on drug-related criminal violations or inappropriate prescribing of controlled substances. Listed below are the age, gender and specialty of each licensee subjected to action related to controlled substances. The disciplinary action taken by the Medical Board and the basis for that action are also listed.

CASE #1: 40-year-old male; podiatrist

- *pre-hearing suspension*
- *citation issued; board action pending*

Due to guilty plea to felony drug offense (illegal processing of drug documents and drug abuse).

CASE #2: 50-year-old male; family practitioner

- *pre-hearing suspension*
- *citation issued; board action pending*

Due to guilty plea to felony drug offense (illegal processing of drug documents and drug abuse).

CASE #3 58-year-old male; family practitioner

- *stayed revocation, indefinite suspension; conditions for reinstatement; subsequent 5-year probation*

Based on excessive and improper prescribing of controlled substances; violation of Medical Board rules governing prescribing of controlled substance for weight loss.

CASE #4 56-year-old male; internal medicine specialist

- *stayed revocation, indefinite suspension, minimum one year; conditions for reinstatement; subsequent 5-year probation*

Based on a plea of guilty to one felony count of drug trafficking and four felony counts of illegal processing of drug documents, stemming from doctor's excessive prescribing of narcotics to his wife, who subsequently underwent treatment for opiate addiction.

CASE #5 58-year-old male; psychiatrist

- *stayed revocation, indefinite suspension, minimum one year; conditions for reinstatement; subsequent probation for minimum of 4 years*

Based on improper prescribing of controlled substances to two patients despite doctor's awareness of their past problems with addiction and alcoholism.

CASE #6 84-year-old male; pediatrician

- *license reinstated, reprimanded and placed on probation for minimum of 5 years; permanently*

ineligible to hold DEA certificate and permanently prohibited from undertaking care of new patients not already under his care

Based on plea of two felony counts of illegal processing of drug documents for which he was found eligible for treatment in lieu of conviction.

CASE #7 48-year-old male; family practitioner

- *consent agreement; probation for minimum of 2 years*

Based on prescribing controlled substances to his wife for seven years for treatment of headaches and pain following surgery; doctor prohibited from prescribing controlled substances to wife or any other family member.

CASE #8 62-year-old male; general practitioner

- *license suspended for 30 days; conditions for reinstatement; subsequent probation for minimum of four years. Doctor required to surrender DEA registration; ineligible to reapply for DEA without prior board approval and ineligible to seek such approval for 12 months from effective date of Consent Agreement*

Based on doctor's excessive prescribing of controlled substances to at least seven patients.

CASE #9 38-year-old female; OB/GYN

- *pre-hearing suspension*
- *stayed revocation, probation for minimum of 5 years; ineligible to hold DEA certificate without prior board approval; practice limited to supervised, structured environment through Consent Agreement*

Based on doctor's history of chemical dependency and plea of guilty to 13 felony counts of illegal processing of drug documents for which she received treatment in lieu of conviction.

CASE #10 32-year-old male; family practice resident

- *probationary terms, conditions and limitations imposed on doctor's practice pursuant to training certificate; ineligible to hold DEA certificate without prior board approval*
- *Consent Agreement to remain in effect at least 2 years.*

Based on doctor's plea of guilty to felony drug abuse offense (deception to obtain dangerous drugs), stemming from his having written prescriptions for himself under a fictitious name or by forging colleagues signatures. Court ordered treatment in lieu of conviction.

CASE #11 67-year-old male; general practitioner

- *permanent revocation of license to practice; doctor signed voluntary surrender/revocation*

Based on alleged excessive prescribing of controlled substances.

CASE #12 62-year-old male; general practitioner

- *doctor reprimanded; probationary terms, conditions and limitations imposed for minimum of two years; doctor agrees to permanently cease using controlled substances for weight reduction or in weight loss program. Consent Agreement.*

Based on doctor's violation of board rules regarding utilization of controlled substances for weight reduction.

CASE #13 63-year-old male; internal medicine specialist

- *reprimanded; doctor required to notify all employers and chiefs of staff of Consent Agreement/reprimand*

Based on doctor having been found guilty of a second degree misdemeanor (illegal dispensing of drug samples).

CASE #14 66-year-old male; family practitioner

- *indefinite suspension for minimum of 60 days; conditions for reinstatement, including requirement that doctor pass competence examination; subsequent probation for minimum of 5 years. Consent Agreement*

Based on misdemeanor conviction for improper disposal of controlled substances and adulterated drugs.

CASE #15 57-year-old male; internal medicine specialist

- *permanent revocation of license*

Based on seven-count felony conviction (aggravated trafficking in drugs, trafficking in drugs, and illegal processing of drug documents).

CASE #16 44-year-old female; internal medicine specialist

- *one year suspension, all but 30 days stayed; subsequent probationary terms, conditions and limitations for four years; ineligible to hold DEA registration without board approval; certificate to be immediately suspended if doctor fails to pass the 6/18/92 SPEX. Consent Agreement*

Based on excessive prescribing of controlled substances without indication and prescribing without documentation.

CASE #17 44-year-old female; physician's assistant

- *PA registration granted subject to probationary terms, conditions and limitations. Consent Agreement to remain in effect for a minimum of two years prior to any request for termination*

Based on plea of no contest to and receipt of treatment in lieu of conviction of several counts of illegal precessing of drug documents in 1988 and 1989.

CASE #18 44-year-old male; internal medicine/cardiology

- *revocation stayed; indefinite suspension, minimum of one year; conditions for reinstatement; subsequent probation for a minimum of 2 years*

Based on doctor's having issued controlled substance prescriptions to individuals with whom he did not have a bona fide physician/patient relationship, who subsequently returned the drugs to the doctor; failure to maintain patient records regarding specified patients.

CASE #19 36-year-old female; specialty not specified

- *license granted subject to probationary terms, conditions and limitations for a minimum of 5 years. Ineligible to hold DEA certificate without prior Board approval; may not seek such approval for a minimum of 12 months*

Based on felony conviction for possession of a controlled substance (cocaine).

CASE #20 60-year-old male; general practice/general surgery

- *probationary terms and conditions imposed to monitor practice for 3 years; ineligible to apply for or to hold DEA certificate to prescribe, dispense, order or administer controlled substance without prior Board approval. Consent Agreement*

Based on prior disciplinary action by the Medical Board in another state stemming from alleged prescribing of Schedule II controlled substance to several patients, without maintaining adequate written records to justify the treatment.

CASE #21 48-year-old male; internal medicine/nephrology

- *15-day suspension; probationary terms, conditions and limitations placed on license for 3 years; ineligible to prescribe, order, or dispense any controlled substances until he has successfully completed a pharmacology course to be approved in advance by the Board*

Based on alleged self-prescribing of controlled substances; alleged prescribing of controlled substance to another in violation of Medical Board Rules.

CASE #22 46-year-old male; general practitioner

- *permanent revocation of license*

Based on having been found guilty of 66 counts of trafficking in drugs and 257 counts of illegal processing of drug documents.

*Note: report does not include Consent Agreements entered into by practitioners based exclusively on personal drug related impairment problems. □

MCMS and Auxiliary Hold Joint Meeting

The Mahoning County Medical Society and the Auxiliary held a joint dinner meeting at Antone's Banquet Centre on March 25, 1993. An international dinner was served as the joint membership observed National Doctor's Day and the Auxiliary presented its first annual "Gem of the Year" award.

Society President Dr. Eric Svenson presided over the Society's business meeting. He acknowledged the Auxiliary's spirit of cooperation during the past year.

Dr. Svenson recognized the past presidents of the Society in attendance: Drs. Y.T. Chiu, James Dallis, Robert Jenkins, Richard Memo, Edward Pichette, Joseph Tandatnick, and Hai Shiuh Wang.

It was announced that the MCMS revised bylaws (previously approved by the membership) had been sent to the OSMA for final approval.

MCMS President-Elect Dr. Chester Amedia reported on the Washington, D.C., summit meeting sponsored by the AMA.

Dr. Dan Handel, chairperson of the legislation committee, gave a state legislative

update.

Auxiliary President Rose Mary Memo presided over the Auxiliary's program and announced that the recently held Guest Day luncheon raised \$1,000.00 for the Tri-County Coalition organ donor program. She recognized the past presidents of the Auxiliary in attendance: Renee Bitonte, Marilyn Chiu, Anita Gestosani, Dolly Handel, Kathy Petraglia, Eleanor Pichette, Phyllis Rich, Pauline Sarantopolous, Charlotte Tandatnick, Carolyn Turner, and Florence Wang.

After acknowledging Doctor's Day, the Auxiliary presented its first annual "Gem of the Year" award to Past President Charlotte Tandatnick. Youngstown Chief of Police Randall A. Wellington, representing Mayor Patrick Ungaro, presented a proclamation to the award recipient.

Following the presentation, the meeting was adjourned.

Florence Wang and Cara Lee were co-chairpersons for the event.

"Gem of the Year"

The Gavel Club of the Medical Auxiliary chose Charlotte Tandatnick as the "Gem of the Year." She has exemplified all the qualities of the ideal auxilian and physician's wife. Her husband, Joe, retired a few years ago as Chief of Pathology at St. Elizabeth's Medical Center. They have a daughter, Dr. Marlene Tandy who lives in the Washington D.C. area. Charlotte has been a past president of the Medical Auxiliary. Some of her other accomplishments include being a Girl Scout Leader, past president of Alpha Chapter Sigma Delta Tau, a past worthy matron of the Cambridge Chapter, Order

of Eastern Star, a member of the PTA, a feature writer for *Happiness Magazine*, and the author of a column called "Wife Line," which was published in the Mahoning County Medical Society's *Bulletin*. Charlotte has been a busy woman and continues to be active with the Auxiliary even now. She has been the telephone chairperson for a number of years now, and makes hundreds of calls to get us up and moving and out the door to Auxiliary events. She is tireless and always optimistic with a smile in her voice. Thank you Charlotte for all that you do.

At A Glance...



*Charlotte Tandatnick, Dr. Marlena Tandy,
Dr. Joe Tandatnick.*



*Charlotte Tandatnick and Dr. Parvis
Soleimani.*



Florence Wang and Cara Lee.



Dolly Handel, Dr. Dan Handel.



*Guest Day Luncheon: Nieves Estrada, Pres.
Trumbull Auxiliary, Sarah Rich, Pres.
OSMA Auxiliary, Rose Memo, MCMS
Auxiliary.*



Dr. Chet Amedia.

Cancer Prevention Program at Planned Parenthood of Mahoning Valley, Inc.

Since late 1989, Planned Parenthood of Mahoning Valley, Inc., has had a cancer screening program to provide Pap screening and clinical breast examinations with self-breast examination instruction. Due to funding constraints and limited promotion, the project met the needs of only a handful of clients. Through the auspices of the Ohio Department of Health's Bureau of Chronic Diseases, the agency has obtained additional funding for the expansion and the promotion of this program now in its second year.

As stated in The Ohio Health Monograph Series from the Ohio Department of Health, "more than 2,000 Ohio women will die from breast cancer this year - despite the fact that more than 30 percent of these deaths could be prevented through widespread use of screening mammography." Breast cancer will be diagnosed in approximately 7,000 Ohio women in 1992. The best way at present to decrease this problem is through the early detection achieved through breast self-examination, clinical breast examination and the use of mammography. This is our best option of finding early stage disease when it is most treatable. The monograph also shows that women at the age of forty gave two primary reasons for not having a recent mammogram: 1) Their physician did not recommend it, and 2) they did not know it was needed.

The Ohio Department of Health has made it possible for Planned Parenthood of Mahoning Valley, Inc., to offer cancer screening services to the community at no or low cost through our sliding fee scale. We would like you to join us in the effort to get preventative health care to all levels of

our community. Please feel free to recommend our program to those of your patients you feel may not access these tests due to financial constraints. Results can be returned to you for your records and follow-up as necessary. This program is available to women 40 years of age or older and includes breast self-examination instruction, a clinical breast examination, mammography on site and Pap test. Services are provided in a relaxed and warm atmosphere by a caring staff. It is our hope that women who may have postponed this preventative care will take advantage of this program. This can only happen with the support of the professionals aware of its existence and who make the suggestion of its importance.

Planned Parenthood of Mahoning Valley, Inc., has three health care center located in Youngstown, Warren and East Liverpool. The Breast and Cervical Cancer Screening Program is available at all three sites. More information and brochures can be obtained by calling the administrative offices at 788-6506. Help Planned Parenthood promote wellness and prevent breast and cervical cancer for those who may not be able to afford these simple preventative services. Together we can make a difference. □

*Deborah Patterson, RNC, NP/OBGYN
Director of Client Services*



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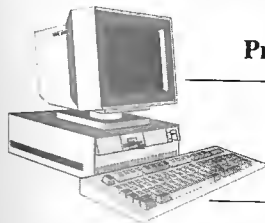
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REDCY: St. Vincent Medical Center, Toledo, OH



George G. Ellis Jr., MD

Internal Medicine

Office: 1005 Belmont Ave. #260

Phone: 744-0221

MED. ED: Univ. Auto De Guadalajara, Guadalajara, Mexico

REDCY: St. Elizabeth Hospital, Youngstown, OH



Jung M. Kim MD

Internal Medicine

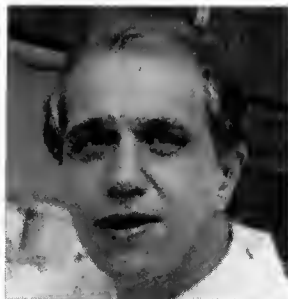
Office: 1044 Belmont Ave.

Phone: 746-7211

MED. ED: Hanyang Univ. Medical College, Seoul, Korea

INTERN: St. Elizabeth Hospital, Youngstown, OH

REDCY: St. Elizabeth Hospital, Youngstown, OH



Ronald S. Scott, MD

Family Practice

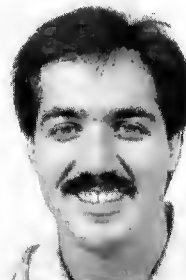
Office: 1053 Belmont Avenue

Phone: 744-2149

MED. ED: Loyola Univ. of Chicago School of Med., Maywood, IL

INTERN: St. Elizabeth Hospital, Youngstown, OH

REDCY: St. Elizabeth Hospital, Youngstown, OH



Thomas J. Traikoff, DO

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Mahoning County Medical Society would like to thank the following physicians who have volunteered their time for Health-O-Rama '93:

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Drs. Daniel Handel and Kevin Nash

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Dr. Fred Friedrich

Drs. Thomas Albani, James Anderson, Jon Arnott, Steven Aubel, Thomas Boniface, Linda Cuculic, Anthony Cutrona, James D'Apolito, John Gianetti, Robert Hunt, Prabhudas Lakhani, Jenifer Lloyd, Richard Marina, Anthony Mehle, Richard Memo, Catherine Molloy, Douglas Naylor, Eugene Potesta, Jeffrey Resch, Eric Svenson, Lyn Yakubov and Elisabeth Young.



Dr. Douglas Naylor and Lynn Yakubov.

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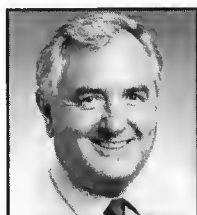
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*Dr. Maruschak is a
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President



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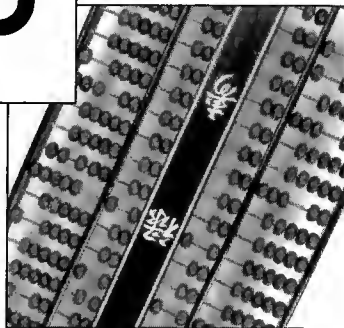
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Pretty in Pink
Original Watercolor
Jocelyn Beatty, (1947-)

This is our first issue to print the full color work of an artist on the cover of the *Bulletin*. While black and white can create dramatic images, the true beauty of color in artwork is lost when reproduced in black and white. Cost prohibits this in every issue, but we will now try to bring you color several times a year.

After such a long, snowy and dreary winter, what could bring more joy and hope for warmer days than the vision created by this month's featured artist. Jocelyn Beatty was born in February of 1947 in Greenville, Pennsylvania. She began painting when she was 12 and found much support and encouragement from her Reynolds High School art teacher. Jocelyn studied art briefly at Edinboro State University; then she worked for a home builder as an architectural craftsman. She is mostly a self-taught artist but is quick to credit many friends and professionals for their influences on her work.

Up until about 10 years ago, Jocelyn worked exclusively in oils. Her first watercolor was painted on a whim and she says, "I was hooked immediately. It is a clean, fast drying medium, very portable to take when I travel. I can achieve realistic effects in a matter of minutes!" Makes one think artists are born and not created, doesn't it? Jocelyn's transparent watercolors are rich in colors and realistic details. The give and take of light and shadows produce beautiful, sharp focus, high contrast paintings. In the featured *Pretty in Pink*, light pastel petals contrast strongly against the dark green foliage in the background. The illusion of bright sunlight on these petals gives the feeling of

deep warmth as the intensity of the light erases color on some petals. The darker foliage appears as a counterbalance of a cool refuge. Jocelyn captured this strikingly beautiful image in a friend's perennial garden. You could come close to declaring this artwork a photograph, couldn't you?

Jocelyn's subject matters vary greatly. I have seen her paintings of landscapes, antiques, buildings, people and florals. They all are masterfully painted, have exquisite and often breathtaking colors, are rich in emotion. ...Oh yes, I find a deep love of painting, a deep love of subject matter, a love so powerful it oozes off the canvas and captures me every time. Jocelyn says, "Very few people get to spend their lives really doing something they love to do. My passion is painting. I never tire of it. There is always more to learn, and I never run out of subject matter. ...The world is full of things just waiting to be painted."

Jocelyn Beatty has exhibited in many juried shows, invitational exhibits, and several solo shows, winning numerous awards of which most are Best of Show or First Place. Her works are found in many private and corporate collections throughout the United States and in galleries in Pennsylvania and Ohio. Jocelyn gives classes, workshops, and demonstrations, and has taught at the Valley Arts Guild in Sharon and the Butler Institute of American Art in Youngstown. She presently teaches watercolor at the Hoyt Institute of Art and maintains a studio and gallery in Shenango Township, West Middlesex, Pennsylvania. □



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Physicians Converge on Capitol Hill

More than 1,000 physicians converged on Washington, D.C., March 23-25, to personally deliver a loud and clear message: Health system reform will not work without physicians helping to decide what is best for patients.

Physicians from across the country joined AMA leadership at "A Time for New Partnership." The event attracted political heavyweights from both sides of the aisle, who assured them health system reform will not take place without physician input.

On day two of the event, the AMA organized groups of physicians to meet with their congressional representatives on Capitol Hill. The physicians and AMA stressed reforming a health system with physician input that offers "long-term cures -- not short-term Band-Aids."

Dr. Chester Amedia, president-elect of the Mahoning County Medical Society, met with our legislators, Senator John Glenn and Representative James Traficant, Jr. The following letter (right) was sent by Representative Traficant to Hillary Rodham Clinton regarding their discussion on health care reform.

JAMES A. TRAFICANT, JR.

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March 30, 1993

Mrs. Hillary Rodham-Clinton, Esq.
Office of the First Lady
The White House, Room 100-DEDB
Washington, D.C. 20500

Dear Mrs. Clinton:

I am writing on behalf of the Mahoning and Trumbull County Medical Societies of my 17th District of Ohio. I recently had the opportunity to meet with Dr. Chester Amedia and Dr. Mark Belfer of the respective medical societies to discuss health care reform issues as they pertain to private family physicians.

Like most members of the Mahoning and Trumbull County Medical Societies, Drs. Amedia and Belfer are private family physicians. Both physicians were able to provide valuable insight of the quality, affordable health care their patients currently receive. Most patients of my district who see a private family physician on a regular basis have a better than average health care plan through their employer. With fewer constraints and restrictions than HMOs or other plans, private physicians can provide better health care and service. The need to address health care for the uninsured and underinsured should not be understated. However, a strict universal health care proposal would not only hurt private family physicians, but would bring down the level of health care coverage of their patients as well.

I am concerned that private family physicians, such as Dr. Amedia and Dr. Belfer, are not involved in the discussions of your Presidential Task Force on Health Care Reform, regardless of whether they support your findings or not. I feel strongly that all types of health care providers should be at the discussion table and have the opportunity to understand the product, understand the process, and have the opportunity to offer suggestions. These physicians are providing health care services and will continue to do so in the future. They should have the opportunity to review and disseminate information from your discussions to their colleagues and their patients.

Lastly, over 50 percent of family practice physicians are 55 or older. With more and more medical students becoming specialists, the numbers of family physicians have been steadily decreasing. Should family physicians opt to retire as a result of changes they had no say in, the health care industry, as well as all Americans, would suffer the consequences.

I respectfully request that you consider appointing a representative of private family practice to your task force. All those who have a valuable interest in the outcome of health care reform should have a participating representative to voice their concerns and to disseminate the decisions of the Task Force.

I appreciate your time and interest in reviewing this matter. Should you ever need my support or assistance, please do not hesitate to contact me.

Respectfully,

James A. Traficant, Jr.
Member of Congress

JAT/kh

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60 Years Ago — Mar./Apr. 1933

The *Bulletin*, now only two-years-old, was cited by *Medical Economics* as “a lively and colorful publication.” Editor **Lou Deitchman** was very pleased. The April issue also had a picture and biography of **Dr. Henry Manning**, Youngstown’s second physician, written by **Sidney McCurdy, M.D.**

50 Years Ago — Mar./Apr. 1943

World War II was still the major topic of conversation and letters were pouring in from all corners of the world. Every member had an interesting story to tell of his new experiences. The whereabouts of **William McElroy** and **Ray Hall** were unknown. Their families had not heard from them in seven weeks. We didn’t know it at the time, but **Nathan Belinkey** was being held as a prisoner of war in a Japanese prison camp.

40 Years Ago — Mar./Apr. 1953

M.M. Szucs and **T.K. Golden** were pioneering in the treatment of arthritis with the use of hydrocortisone, irradiated cord plasma, gold, albumin and ethyl chloride spray. They were the first in Youngstown to make wide use of intra-articular injection of hydrocortisone.

John McCann was elected president of the American Federation of State Board Examiners. **George Altman** joined with **Saul Tamarkin** and **Raymond Scheetz** in the radiology department at St. Elizabeth’s Hospital. **Louis Bloomberg** returned from military service to resume the practice of ophthalmology. **Paul E. Ruth** and **James Finley** became new members of the Society.



Robert R. Fisher, MD

30 Years Ago — Mar./Apr. 1963

Public health physician **Henri Schmid**, reporting from the V.D. Clinic noted that gonorrhea continued to flourish uncontrolled. “Loose morals, promiscuity and difficulty in detecting the disease in females” were cited as the main reasons.

Sidney Keyes was elected president of the Academy of General Practice; **Erhard Weltman** was president-elect; and **G.E. DeCicco** was secretary. **Morris Rosenblum** was president of the Ohio State Alumni Association in Mahoning County. **A. DiDomenico** was appointed health director for Struthers.

20 Years Ago — Mar./Apr. 1973

PSRO was on every doctor’s mind. *Bulletin* Editor **Bill Mosalik** asked, “Is this part of the plan to bring national health insurance to our nation?” Attendance was great at that March meeting. In a survey on health care in the United States, only 38 percent thought that health care cost too much. A new concept in the practice of medicine called health maintenance organization (HMO) was being discussed.

New members that month were **Daniel G. Corredor**, **Joseph S. Gregori**, **H.S. Hwang**, **Ernest Perry** and **George River**.

10 Years Ago — Mar./Apr. 1983

The March issue contained a very erudite description by **Stanley Goldstein** of the new nuclear magnetic resonance technology which had recently become available. Now known as MRI, or magnetic resonance imaging, it has applications that we have only barely started to use.

New members were **V.C. Perni** and **John C. York**. □

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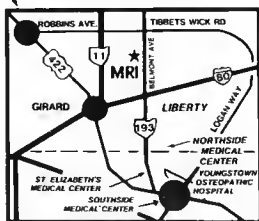
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